QUESTIONNAIRE
TOBACCO SMOKE RETENTION PROJECT

Test Subject: J _____ Marital Status (S (M) W D)

Address Columbus, Ohio _____ Sex Male

Age 30 Occupation Engineer _____ Date January 15, 1960

Height (in.) 72 Weight 200

1. Do you smoke? _____ Yes X No _____

2. Have you ever smoked? _____ Yes X No _____

If yes, what type, quantity and duration of smoking?

Cigarettes ~1 pack/day→none/day depending on amount of pipe } 1950 to

Pipe – 7-8 bowls/day→none/day depending on amount of cigarettes } present

3. Do you now have a respiratory illness? (cold, bronchitis, flu, virus, etc.) Yes _____ No X

4. Have you recently had a respiratory illness? Yes _____ No X

5. Do you have any of the following diseases or symptoms?

	Yes	No		Yes	No
Influenza		X	Heart Disease		X
Pneumonia		X	Cough		X
Sinusitis		X	Expectoration		X
Asthma		X	Wheezing		X
Tuberculosis		X	Shortness of Breath		X
Other Respiratory Disease			Chest Pain		X

Explain yes answers:

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Source: https://www.industrydocuments.ucsf.edu/docs/pznl0000